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07/15/2004

Arthur Jacob 25 East Salem Street P.O. Box 686 Hackensack, NJ 07601

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(Depositor's name)	COB	ARTHUR JA
(Signature)	too b	arthurs
(Date)	2000	AUGUST 23

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/665,050	09/16/2003	William L. Scolnik	A-03 .34	5484

TITLE OF INVENTION: SELECTING WEIGHT AND BALANCE IN WRITING IMPLEMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$0	\$665	10/15/2004
EXAM	MINER	ART UN	IT	CLASS-SUBCLASS]	
LE, HU	JYEN D	3751		401-048000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			(1) the na	nting on the patent front page, li mes of up to 3 registered pater		hūr Jacob
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		or agents OR, alternatively, (2) the name of a single firm (having as a member a		a member a 2		
		registered 2 register	attorney or agent) and the named patent attorneys or agents. If name will be printed.	nes of up to		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not b 4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies	☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50222 (enclose an extra copy of this form).
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www arob (Date) (Authorized Signature) AUGUST 23, 2004 #19 770,2 Arthur Jacob

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